## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER EN1-EVY ENterprise 2. DATE 29 Oct.		
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY 3B. ANN PRICE S	NUAL SUBSCRIPTION  27/4528
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) AZ 11 Man theefber 744 Fallers . No Pelo = 77777		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers)		
6. FULL NAME OF PUBLISHER: livy & House		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME  HOW SO COMPLETE MAILING ADDRESS  7777		
EMECT Development Corp. 143 WMain their Emer Jas		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDERG 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
	AVERAGE NO. COPIES	ACTUAL NO CODUC
9. EXTENT AND NATURE OF CIRCULATION	EACH	ACTUAL NO. COPIES ISSUED
9. EXTENT AND NATURE OF CIRCULATION	ISSUED PRECEDING 12 MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	550	550
B.PAID AND/OR REQUESTED CIRCULATION		1 (
1. Sales through dealers and carriers, street vendors and	44	46
counter sales.		
2. Mail Subscription (Paid and appropriated)	367	389
(Paid and or requested)		1/2
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	411	435
D.FREE DISTRIBUTION		-
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	411	435
F. COPIES NOT DISTRIBUTED	170	111
1. Office use, left over, unaccounted, spoiled after printing	159	115
2. Return from News Agents	0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	5 50	550
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Chilip Thinkell	1 410110,110	
(Signature)	(Title)	
	Sworn to before me this down day of NOV., 20/0	
State of South Dakota )		duy 01 1000 , 20 10
§	New Jans	
County of HANDON )	Notary Public	
(Seal)	My commission expires: 1-31-2016	